

FILED

JUN 27 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

SI

(PR)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

10 *VINCENT RosenBALT*)
 11 Plaintiff,)
 12 vs.)
 13 *DOCTOR DOUGLAS ROSOFF*)
 14 Sheriff *THOMAS ALLMAN*)
ED FOULK Defendant.)

CV 08

CASE NO.

3128

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

U.S.C. 28 1915(g)

16 I, *Vincent RosenBALT* declare, under penalty of perjury that I am the
 17 plaintiff in the above entitled case and that the information I offer throughout this application
 18 is true and correct. I offer this application in support of my request to proceed without being
 19 required to prepay the full amount of fees, costs or give security. I state that because of my
 20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
 21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
 25 name and address of your employer:

26 Gross: APPROX \$20 week Net: APPROX \$20 week

27 Employer: NAPA STATE HOSPITAL

28 2100 NAPA VALLEY HIGHWAY NAPA, CA 94558

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 _____
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes No _____
 10 self employment

11 b. Income from stocks, bonds, Yes No
 12 or royalties?

13 c. Rent payments? Yes No
 14 d. Pensions, annuities, or Yes No
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes No _____
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 1250 month hospital welfare
 22 325 Book sale AUTHOR HOUSE PUBLISHERS

23 3. Are you married? Yes No

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

ALL FINANCIALS ESTIMATES

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 SCHOOL LOANS ESTIMATED 5-10,000.00
4 CREDIT CARD DEBTS ✓ 5-10,000.00

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ✓ No _____

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 NOT SURE) LITTLE ACCESS COPIES
10 CAN'T AFFORD COPIES

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 6/1/08
16 DATE

Vincent Rosenbalm
17 SIGNATURE OF APPLICANT

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2 Case Number: _____
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9 CERTIFICATE OF FUNDS
10 IN
11 PRISONER'S ACCOUNT

12 I certify that attached hereto is a true and correct copy of the prisoner's trust account
13 statement showing transactions of Vincent Rosenbaum for the last six months
14 Napa State Hospital [prisoner name]
15 [name of institution] where (s)he is confined.

16 I further certify that the average deposits each month to this prisoner's account for the
17 most recent 6-month period were \$ 29.77 and the average balance in the prisoner's
18 account each month for the most recent 6-month period was \$ 0.00.

19 Dated: 4-4-08

20 *Laura Harris, STO*
21 [Authorized officer of the institution]
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2 Case Number: _____
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**CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months _____ [prisoner name] where (s)he is confined.

[name of institution]
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____ [Authorized officer of the institution]

**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

4/4/2008
7:54:35AM

**NAPA STATE HOSPITAL
TRUST ACCOUNT / CASHIERS' SYSTEM II
Patient Ledger Report**

Page 1 of 1

2069375 ROSENBALM, VINCENT

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	10/22/2007	13-154338	Cash Disbursement	cashlist v-314	\$5.00		\$0.00
2	10/24/2007	18-075321	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
3	10/29/2007	13-154384	Cash Disbursement	cl v337	\$12.50		\$0.00
4	11/23/2007	18-75407	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
5	11/26/2007	13-154581	Cash Disbursement	Cashlist V-400	\$12.50		\$0.00
6	12/03/2007	16-75436	CK-AUTHOR HOUSE	BLOOMINGTON IN		\$3.25	\$3.25
			1663 LIBERTY DR	47403			
			STE 200				
7	12/11/2007	16-75478	CCK-UNKNOWN	CCK-UNKNOWN		\$50.00	\$53.25
			SENDER	SENDER			
8	12/17/2007	13-154774	Cash Disbursement	cl v463	\$33.25		\$20.00
9	12/24/2007	13-154828	Cash Disbursement	cl v485	\$10.00		\$10.00
10	01/04/2008	13-154914	Misc Disbursement	NSH-COPY CARD V518	\$10.00		\$0.00
11	01/22/2008	18-075585	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
12	01/28/2008	13-155104	Cash Disbursement	cl v580	\$12.50		\$0.00
13	02/21/2008	18-075665	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
14	02/25/2008	13-155262	Cash Disbursement	cl v649	\$12.50		\$0.00
15	03/20/2008	17-75749	PP P/E 3/21/08	PP P/E 3/21/08		\$75.33	\$75.33
16	03/24/2008	13-155495	Cash Disbursement	cl v728	\$12.50		\$62.83
17	04/01/2008	13-155540	Cash Disbursement	CL V750	\$45.00		\$17.83

^AL WITHDRAWLS / DEPOSITS:

\$165.75 \$178.58

PROOF OF SERVICE

6/18/08

My name is Vincent Rosenbalm
and I am American citizen
over 18 years of age.

ON 6/18/08 I served within

- 1) (2) 42 U.S.C 1983 Complaints
- 2) Financial Records

By placing a copy in the Napa
State Hospital mail **CV 08 3128**
addressed: court clerk

U.S. DISTRICT COURT
450 GOLDEN GATE AVE
SAN FRANCISCO, CA 94102

From

Vincent Rosenbalm
2100 Napa Valley Highway
Napa, CA 94558

Under the Penalty of Perjury
This is true and correct.

Vincent Rosenbalm

Hercent Rosenthal
2100 Napa Valley Highway
Napa, CA 94588

7/14/08 REC'D. 12:30 PM
5142-007 Cut Off
Cut Rec'd. 9:00 AM

RECD. IN PRO SE
No STAMP-CUTOFF
No Post Ofc. D/T

REC'D.

Legal Mail
Court Clerk
U.S. District Court
450 Golden Gate Ave
SAN FRANCISCO, CA 94102

RECD.